
FRIENDS AND FAMILY GUIDE TO ADULT MENTAL HEALTH SERVICES – ACCESSIBILITY VERSION

Hope, Resilience, and Recovery for Everyone

INTRODUCTION

Having mental health needs is very common. National statistics show an estimated 26.2 percent of Americans ages 18 and older – more than one in four adults – suffer from a diagnosable mental disorder in a given year.

We are all on a scale of mental health ranging from mentally healthy to serious mental illness. Some people have a mental health diagnosis and are being treated to reach mental wellness. Some people do not have a mental health diagnosis, but still need help.

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Your friend or family member is more than his or her mental health needs. He or she is part of a family, a co-worker, an important member of the community. He or she has friends, hobbies, responsibilities, and interests. He or she is important to other people, and other people play an important role in his or her life.

At some point, most people experience life events of changes that impact their mental health. This can lead to negative changes in behavior, feelings, relationships, and job performance. This could be a sign additional support or mental health services are needed. Early identification and treatment increases [resilience](#) and the possibilities of a quick recovery.

“Hope, Resilience, and Recovery to Everyone” is the vision statement of the Mental Health and Substance Abuse Division (MHSA) of the Texas Department of State Health Services (DSHS). Having resilience means being able to face challenges and adjust to stress of life-changing situations.

We at DSHS believe the services and supports given in the community mental health system build upon the supports and strengths people already have. Services address mental health needs and should help develop natural supports and strengths. The more natural supports and strengths your friend or family member has, the less he or she will need services. With a little help from us in the beginning, your friend or family member will be able to use his or her strengths to overcome challenges and adapt to stressful or life-changing situations across his or her entire life. With resilience, your loved one can achieve mental wellness and reach his or her dreams and potential.

However, understanding and accessing available services can be challenging, and dealing with mental health issues can be a new and scary thing. This booklet is designed as a step-by-step guide to help you navigate the Adult Mental Health system in order to get your friend or family member the help he or she needs.

WHAT IF MY FRIEND OR FAMILY MEMBER IS AN IMMEDIATE DANGER TO SELF OR OTHERS?

If your friend or family member is in crisis:

- call the crisis hotline at your Local Mental Health Authority; or
- dial 911.

HOW DO I KNOW IF MY FRIEND OR FAMILY MEMBER NEEDS CRISIS SERVICES?

An individual is in urgent need of mental health crisis services if he or she:

- is an immediate danger to self or others; or
- is at risk of serious mental or physical deterioration; or
- believes he or she presents an immediate danger to self or others.

IF YOU OR A FAMILY MEMBER IS CONTEMPLATING SUICIDE, PLEASE CALL:

- National Suicide Prevention Hotline: 1-800-273-TALK (8255)
- TTY: 1-800-799-4TTY (4889)
- Red Nacional de Prevención del Suicidio: 1-888-628-9454

REACHING OUT FOR HELP

HOW TO CONTACT YOUR LMHA

First identify your local community mental health center, also known as a local mental health authority (LMHA). Each LMNA provides services to those counties in its assigned area. There are several ways to locate the local mental health authority in your area:

- By computer: www.dshs.state.tx.us/mhservices-search/. This site will allow you to locate your LMHA by entering your county, city, or zip code.
- By phone: Dial 211 and ask for the LMHA in your area.

Once you have identified your local center, give them a call. See "[First Appointment](#)" for more information about what to expect once you call.

SCREENING

Staff at the LMHA will briefly gather information to see if your friend or family member meets the requirements to receive services. This screening may take place over the phone, or the LMHA might request that you meet in person.

WHAT INFORMATION DO I NEED TO HAVE AVAILABLE?

Try to have the following items with you to answer some of the screening questions over the phone or in person:

- Your friend's or family member's Social Security Number

- Medicaid or other insurance information
- Date of birth
- Home address

If your friend or family member is eligible for mental health services at the [LMHA](#), staff will schedule an intake appointment. At intake, your friend or family member will be assessed to determine his/her mental health needs. This assessment helps determine which [level of care](#) and types of services best meet his or her needs.

ELIGIBILITY FOR SERVICES

ADMINISTRATIVE CRITERIA

For an individual to be eligible for services, the individual must meet the following criteria.

- He or she must be a **Texas resident**, although there is no requirement that the individual prove Texas residency. His or her statement is sufficient.
- The individual also need not be a citizen of the United States to qualify for services; however, Medicaid does not pay for services for non-citizens. Again, there is no need to determine citizenship status for Medicaid recipients since that was established as part of the Medicaid eligibility determination process.
- He or she must qualify for a **level of care** (LOC) that includes mental health case management services. This includes LOCs-1M, 1S, 2, and 5.
- He or she must meet the diagnostic criteria, as explained in "[Diagnostic Criteria](#)."

FINANCIAL CRITERIA

The State of Texas is the payor of last resort for all mental health services. The State will first bill Medicare or other third-party resource (e.g., employer-funded or private health insurance) before state or federal funds are accessed.

An individual may be asked to contribute to the cost of his or her care, depending on his or her financial situation. Persons are charged for services based on their ability to pay. See the [Monthly Ability-to-Pay Fee Schedule](#), in the appendices section of this document.

An individual **cannot** be asked to pay toward his or her cost of care if he or she has full Medicaid coverage.

DIAGNOSTIC CRITERIA

WHO IS FUNCTIONALLY ELIGIBLE FOR SERVICES?

Individuals with a serious mental illness (SMI) are eligible for mental health services. In accordance with the [Health and Safety Code §533.0354](#), as amended by House Bill 8793, 83rd Texas Legislature, an adult may be considered to have an SMI, and may receive mental health services, if he or she is experiencing significant functional impairment due to a mental health disorder, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition (DSM-5), including:

- major depressive disorder, including single episode or recurrent major depressive disorder;

- post-traumatic stress disorder;
- schizoaffective disorder, including bipolar and depressive types;
- obsessive compulsive disorder;
- anxiety disorder;
- attention deficit disorder;
- delusional disorder;
- bulimia nervosa, anorexia nervosa, or other eating disorders not otherwise specified; or
- any other **diagnosed** mental health disorder.

A single diagnosis of substance abuse, intellectual development disorder, development disorder (e.g., Autism), or other organic condition (e.g., head injury, dementia) does not meet the SMI standard.

If your friend or family member is not eligible for services at this time, your LMHA can provide information about other community supports in your area.

FIRST APPOINTMENT

If this is an [intake](#) appointment (to enroll your friend or family member in services for the first time or to re-enroll them after a long break), please bring the following with you to the appointment:

- Photo ID
- Proof of income (most current pay stub)
- Most current Medicaid Card (if applicable)
- Proof of residence (last 30 days; utility bill or rental agreement)
- Name, address, and phone number of any physician who has treated your friend or family member
- A list of all medications your friend or family member is taking or has taken
- A list that includes dates of any psychiatric hospitalizations for your friend or family member

IDENTIFYING MENTAL HEALTH NEEDS

DIAGNOSTIC INTERVIEW

A licensed [clinician](#) will meet with your friend or family member to determine his mental health diagnosis and treatment needs. This process will be repeated at least once a year.

ASSESSMENT

Your friend or family member will meet with an intake worker who will interview him/her using an [assessment](#) tool called the “Adult Needs and Strengths Assessment” (referred to as “ANSA” for short). The ANSA is very detailed and may ask questions that make your friend or family member uncomfortable or embarrassed. But the questions are important to ask. The answers help identify his or her areas of need and which services are most likely to meet those needs. The information provided is kept [confidential](#) within the limits of the law.

This assessment is done at least every 180 days to ensure any changes that might have happened are included in the [recovery](#) plan. This also helps track progress your friend or family member has made towards his or her recovery. This includes building strengths essential in developing the [resilience](#) he or she will need.

DETERMINING LEVEL OF CARE

LEVEL OF CARE ASSIGNMENT (RESPONDING TO THE LEVEL OF NEED)

All individuals are unique, and so are their mental health needs. Some have intense and/or complex needs; they should be provided an intense level of care with a complex array of services. When an individual builds [resilience](#) and has less intense and less complex needs, he or she will require a less intense level of care.

The Adult Mental Health system has designed levels of care (LOCs) that respond to the intensity and complexity of an individual's identified needs. Below is a description of the primary LOCs to which your friend or family member may be assigned after the assessment is completed and eligibility is determined.

LEVEL OF CARE 0: CRISIS SERVICES

The services in this LOC are brief [interventions](#) provided in the community to improve the crisis situation. The goal is to resolve the crisis and avoid further intervention or [relapse](#).

LEVEL OF CARE 1M: MEDICATION MANAGEMENT

This LOC is for people who have shown great improvement, and are ready to leave the mental health system. The only delay is the lack of resources available (*e.g.*, no available doctors in the community, no prescription drug resources available). This level of service works with those community services that improve the person's [recovery](#), social life, and independence.

The goal of this service is to prevent the individual from getting worse. This is done mainly through medication, until he or she is able to access services in the community. Treatment is provided in the clinician's office and is limited to medication therapy, medication training and support, and routine case management.

LEVEL OF CARE 1S: SKILLS TRAINING

Individuals in this LOC are at very low risk of harm to themselves or others. They have supports available to them, and their conditions do not require higher LOCs. These services focus on aiding recovery by:

- reducing or stabilizing symptoms;
- improving the level of functioning;
- preventing the person's condition from getting worse; and
- developing other supports to help the person move out of the mental health system.

Services are most often provided in the clinician's office, and are mainly limited to medication, [rehabilitative](#) services, and education.

LEVEL OF CARE 2: COUNSELING

Services in this LOC are intended for people:

- who are at very low risk of harm to themselves or others;
- whose condition does not require intensive levels of care; and
- who can benefit from [psychotherapy](#).

The goal of this LOC is to improve the individual's condition or keep it from getting worse so work towards [recovery](#) can continue. Clinicians develop supports to help the person move out of the mental health system.

Services are usually provided in the office, and include psychotherapy services in addition to those offered in LOC-1S and 1M.

LEVEL OF CARE 3: INTENSIVE SERVICES WITH TEAM APPROACH

In LOC-3, the treatment team focuses on assisting the person in his or her recovery efforts. Goals include:

- calming the symptoms that cause problems in the person's life;
- improving the person's condition;
- helping the person recognize and take care of his or her own needs;
- increasing the use of community services; and
- sustaining improvements made in more intensive LOCs.

The team focuses on using the person's own strengths to bring about:

- improvement of problem areas by training the person to manage his or her symptoms
- independent living
- self-reliance;
- employment [interventions](#) that are not job-task specific;
- impulse control; and
- effective interaction with others.

Services are provided in the community.

Services in this LOC are for people with moderate-to-severe needs. These people require intensive rehabilitation to help them live in the community. This may include maintaining the current level of functioning.

A rehabilitative case manager can assist the person in finding housing and employment. The case manager can also provide [co-occurring psychiatric and substance abuse disorders](#) (COPSD) services, if indicated.

LEVEL OF CARE 4: ASSERTIVE COMMUNITY TREATMENT

Assertive Community Treatment (ACT) provides a complete program to deliver⁵ treatment, rehabilitation, and support services to certain individuals with serious mental illnesses. Persons receiving ACT services may have a [diagnosis](#) of [schizophrenia](#), [bipolar disorder](#), or other [serious mental illness](#). Many have experienced many psychiatric hospital admissions.

The ACT team uses the talent of the treatment team to provide a wide range of services to the person in [recovery](#) in his or her home. Because of the many talents of the treatment team, individual are seldom referred to other programs for treatment, rehabilitation, and support services.

LEVEL OF CARE 5: TRANSITIONAL SERVICES

LOC-5 provides continuing care for those who do not meet eligibility requirements for Levels 1-4. The major focus for this LOC is to provide flexible services to help people:

- maintain stability;
- prevent further crisis;
- become or remain involved in treatment; or
- help the person find the community services he or she needs.

- Services in this LOC can vary greatly depending on each person's needs. It is available for up to 90 days.

AVAILABLE SERVICES

The following is not an all-inclusive list of services. Nor are all services available in all service locations. Contact your local mental health authority for specific service details.

CRISIS SERVICES

CRISIS FOLLOW-UP AND [RELAPSE](#) PREVENTION

These are services provided to people who are not in imminent danger of harm to self or others, but need help to avoid recurrence of the crisis event. The service helps:

- improve the individual's reaction to the situation that led to the crisis event;
- ensure stability; and
- prevent future crisis events.

Ongoing assessments determine crisis status and needs. It also provides up to 30 days of brief, solution-focused interventions to individuals and families. It provides up to 30 days of brief, solution-focused [interventions](#) to individuals and families. It provides help in developing problem-solving techniques to let the person adapt and cope with the situation and stressors that led to the crisis event. This service is available in [Levels of Care](#) (LOCs)- 0 and 5.

CRISIS INTERVENTION SERVICES

These interventions are in response to a crisis and are used to reduce symptoms of serious mental illness or emotional disturbance and to prevent admission to a more restrictive environment. This is available to all service levels.

CRISIS RESIDENTIAL TREATMENT

Short-term, residential treatment is provided close to home for people with some risk of harm to self or others. These people may have fairly severe functional impairment and require direct supervision and care, but not hospitalization. This service is available in LOCs- 0 and 5.

CRISIS STABILIZATION UNIT

The CSU provides short-term residential treatment used to reduce acute symptoms of mental illness. Services are provided in a safe environment. Treatment is delivered by clinical staff supervised by a psychiatrist. CSU is available to all service levels.

CRISIS TRANSPORTATION

This includes transporting people receiving crisis or crisis follow-up and relapse prevention services from one location to another. Transportation is provided in accordance with state laws and regulations by law enforcement personnel or, when appropriate, by ambulance or qualified staff. This service is available in LOCs 0 and 5.

EXTENDED OBSERVATION

This is up to 48 hours of emergency and crisis stabilization services. It provides emergency stabilization in a safe environment with clinicians (including medical and nursing professionals), supervised by a psychiatrist. There is

immediate access to urgent or emergency medical evaluation and treatment, and individuals are transferred to a higher LOC when needed. This service is available in LOCs 0 and 5.

MOBILE CRISIS OUTREACH TEAM (MCOT)

Medical and mental health professionals respond immediately to where a psychiatric crisis is occurring. MCOT is available 24/7 and responds to calls from the home, school, street, or clinic. Available to LOCs 0, 1S, 2, 3, 4, and 5.

MEDICAL SERVICES

MENTAL HEALTH HOSPITALS

These psychiatric treatment facilities provide psychiatric evaluation, [rehabilitation](#) and prescription services, and full [discharge planning](#) for people who are in crisis. This is available to all service levels.

INPATIENT HOSPITALIZATION SERVICES

Services are provided by medical and nursing professionals who provide 24-hour monitoring, supervision, and assistance in a safe environment. Staff provide intensive [interventions](#) to relieve acute psychiatric [symptomatology](#) and restore the person's ability to function in a less restrictive setting. This service is available in LOCs 0 and 5.

COUNSELING SERVICES

ASSERTIVE COMMUNITY TREATMENT (ACT)

This is an [evidence-based practice](#) (EBP, programs shown to be effective through rigorous research), using the practices of the [person-centered recovery planning](#) (PCRP) model. (See [PCRP](#) for more information.) Individuals who receive ACT services have [serious mental illnesses](#) that get in the way of living a quality life. Most have not improved after using traditional outpatient programs. ACT's goal is to facilitate community living, [psychosocial](#) rehabilitation, and [recovery](#). This service is available in LOC-4.

COUNSELING (COGNITIVE BEHAVIOR THERAPY, CBT)

Individual, family, and group therapy is used to lessen a person's symptoms of mental illness. It is also used to increase the individual's ability to perform activities of daily living. CBT is the preferred treatment for adult counseling. This service includes recovery/treatment planning to improve recovery and resiliency. It is available in LOCs 2, 4, and 5. [Learn about CBT](#).

COUNSELING (COGNITIVE PROCESSING THERAPY, CPT)

CPT uses individual therapy aimed to reduce or eliminate a person's symptoms of [post-traumatic stress disorder](#) (PTSD). CPT is the favored treatment for adults with PTSD, including military veterans. This service includes [recovery](#)/treatment planning to improve recovery and resilience. This service is available in LOCs 1S, 2, 3, 4, and 5.

ILLNESS MANAGEMENT AND RECOVERY (IMR)

IMR is designed to help people with [serious mental illness](#) work with professionals to reduce their susceptibility to the illness and cope with their symptoms. IMR helps people discover, or rediscover, their strengths and abilities for pursuing personal goals, and developing a sense of identity. This allows them to grow beyond their mental illness. This service is available to LOC 1S, 2, 3, 4, and 5.

PERSON-CENTERED RECOVERY PLANNING (PCRP)

PCRP uses a collaborative process in developing the recovery plan between the person, the treatment provider, and the person's natural supports. The goal of PCRP is to help the person achieve his or her goals along the journey to recovery. Available in all service levels.

REHABILITATIVE SERVICES

MEDICATION TRAINING AND SUPPORT SERVICES

This provides information about medications and their possible side effects. This service is available in LOCs 1S, 2, 3, 4, and 5.

PHARMACOLOGICAL MANAGEMENT

This service, provided by a physician or other prescribing professional, deals with the management of [psychoactive](#) drugs to treat the signs and symptoms of mental illness. This is available to all service levels.

PSYCHOSOCIAL REHABILITATIVE SERVICES

Social, educational, vocational, behavioral, and cognitive [interventions](#) are provided by members of a person's treatment team that help improve a person's ability to develop and maintain:

- relationships;
- occupational or educational achievement;
- independent living skills; and
- housing.

This service includes recovery/treatment planning to facilitate recovery. It is available in LOCs 1S, 2, 3, 4, and 5.

SKILLS TRAINING AND DEVELOPMENT

This training deals with the serious mental illness and symptom-related problems that interfere with his or her functioning. It provides opportunities for the person to acquire and improve skills needed to function appropriately and independently, and facilitates his or her community integration. This service is available in LOCs 1S, 2, 3, 4, and 5.

COLLABORATIVE SERVICES

HEALTHY COMMUNITY COLLABORATIVES

The Healthy Community Collaboratives program has services and supports for homeless people with a mental illness. Partners work together so people get quality care. Partners work together so people understand their care, too. Services are for all levels of care.

PROJECT ACCESS

This housing program is administered by the Texas Department of Housing and Community Affairs in partnership with the Texas Department of State Health Services. It provides 10 Housing Choice Vouchers (tenant-based rental assistance) and support services provided by the LMHA to people residing in, or recently discharged from, a state-funded psychiatric hospital bed. Available to all service levels.

PERMANENT SUPPORTIVE HOUSING

This includes activities to assist individuals in choosing, getting, and keeping regular housing in the community. Services consist of assistance in finding and moving into habitable, regular, integrated (*i.e.*, no more than 50% of

the units may be occupied by individuals with [serious mental illness](#)), and affordable housing. Supportive housing includes:

- Housing Assistance – Funds for rental assistance. To receive rental assistance, the person must apply for Section 8/public housing or have a plan to increase his or her income so he or she can afford housing without assistance. Housing assistance without service and supports cannot be counted as supportive housing.
- Services and Supports – Assistance finding, moving into, and maintaining regular integrated housing that is habitable. This includes treatment to facilitate recovery.

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

PATH offers:

- outreach;
- screening, [diagnostic assessment](#), and treatment;
- habitation and [rehabilitation](#);
- community mental health services;
- outpatient alcohol or drug treatment (for individuals with serious mental illness);
- case management;
- referrals for primary health services, job training, educational services (including HIV prevention activities), and relevant housing services;
- assistance in obtaining income support services, including SSI and representative payee per appropriate regulations;
- housing services including planning for housing;
- technical assistance in applying for housing assistance; and
- improving coordination of housing and services.

Available to all service levels. [Learn more about PATH](#).

FINANCIAL SERVICES

CONSUMER BENEFITS

People receiving services are routinely referred to the LMHA's consumer benefits office. The benefits officer helps the person apply for [Supplemental Security Income](#) (SSI) or [Supplemental Security Disability Income](#) (SSDI). He or she helps people in the claims process, reviews the claims, takes notes, and offers feedback to help people get the benefits they need. This service is available in all service levels.

SUPPORTED EMPLOYMENT

This provides services designed to assist the person in keeping a job and providing assistance in choosing, getting, and keeping employment in regular community jobs. It includes activities such as:

- assisting the individual in finding a job;
- helping the person fill out job applications;
- advocating with potential employers;
- assisting and learning job-specific skills; and
- employer negotiations.

This service is available in LOCs 1S, 2, 3, 4, and 5. [Learn more about Supported Employment.](#)

FORENSIC SERVICES

JAIL-BASED COMPETENCY RESTORATION (JBCR)

JBCR provides quick access to clinically appropriate people who have been found incompetent to stand trial. This service both treats the mental illness, and provides education and skills training. The education and skills training gives the person a factual and rational understanding of the legal proceedings and helps him or her communicate with legal counsel. Services follow the principles of effective psychiatric rehabilitation.

OUTPATIENT COMPETENCY RESTORATION (OCR)

OCR provides services designed to restore competency for people who have been found by the court to be incompetent to stand trial. These people must also have been found by the court not to be a danger to others. Those found appropriate for OCR are eligible for the full range of services available to other individuals receiving mental health services. Available in LOC-3. [Learn more about OCR.](#)

TEXAS CORRECTIONAL OFFICE ON OFFENDERS WITH MEDICAL OR MENTAL IMPAIRMENTS (TCOOMMI)

TCOOMMI contracts with local mental health authorities (LMHAs) to provide mental health services to people on probation or parole. The LMHAs work closely with parole and probation to help the person comply with the conditions of his or her release, specifically, as it pertains to engaging in mental health treatment. Available to LOCs 3 and 4.

SETTING GOALS AND CHOOSING STRATEGIES

DEVELOPING A RECOVERY PLAN

After your friend or family member completes an assessment and is given a [level of care](#) to meet his needs, a [recovery](#) plan will be created. This plan outlines your friend or family member's strengths, needs, goals, and resources. It also describes the services that will be provided to support building his or her [resilience](#) and recovery. Your friend or family member will help put the plan together, and discuss any concerns. The recovery plan is continuously adjusted to meet the individual's needs and is reviewed every 180 days.

RECEIVING SERVICES FROM THE RECOVERY TEAM

Once a recovery plan for your friend or family member is developed, a recovery team of professionals is assigned to provide the services and supports. Sometimes one person might provide a few different types of services. Below are some of the people who might be on the recovery team:

Psychiatrist – A physician who specializes in psychiatry. He or she will provide a mental health [diagnosis](#), prescribe medications, and provide [psychoeducation](#).

Case Manager – The case manager coordinates services, keeps track of progress on the recovery plan, makes referrals to community resources, and advocates for your friend or family member.

Skills Trainer – This person received special training in a variety of evidence-based practices that help address behavioral needs related to your friend's or family member's mental health diagnosis.

Therapist – Therapists are licensed mental health clinicians who received training in therapies that address emotional needs related to your friend’s or family member’s mental health diagnosis. They are usually Licensed Professional Counselors, Licensed Clinical Social Workers, or Licensed Marriage and Family Therapists, among others.

BUILDING STRENGTHS AND RESILIENCE

180-DAY EVALUATION/REASSESSMENT

The Adult Needs and Strengths Assessment (ANSA) assessment is completed every 180 days. The questions are the same ones asked at your friend or family member’s [intake](#), and someone from his or her [recovery](#) team will complete this assessment. The assessment identifies which services best meet your friend’s or family member’s ongoing needs and helps track the progress he or she has made towards his or her recovery goals. Progress includes a reduction in symptoms and the improvement of strengths, both of which are essential to building the [resilience](#) your friend or family member will need throughout life.

DISCHARGE

We hope the care provided within the Texas mental health system provides resilience, hope, and recovery in those receiving care. Each person can develop a healthy sense of identity and well-being, and can succeed in the workplace, the family, and in the community. If your friend or family member has the necessary supports and strengths that support recovery, it may be possible he or she no longer needs supports provided in the mental health system. We will be here if you need us again!

FREQUENTLY ASKED QUESTIONS

- What happens if I have a concern about the care my friend or family member was offered or is receiving?
 - The service providers at your Center are very interested in helping you find solutions to the challenges faced by your my friend or family member. First, try speaking to someone on the [recovery](#) team (case manager, therapist, doctor, etc.) about your concern. He or she will be happy to sit down and discuss any concerns you have.
 - If you are not satisfied with the outcome of your conversation, ask the receptionist at your Center to connect you to the Clients Rights Officer. Each Center has a Clients Rights Officer to help individuals resolve concerns related to your friend’s or family member’s care.
- What happens if my center is not addressing my concerns or complaints I have brought to their attention?
 - If speaking with the Center’s Clients’ Rights Officer does not address your concern, you may contact the Department of State Health Services (DSHS) Client’s Rights Office in Austin for further assistance:

Rights Protection Officer
Texas Department of State Health Services Office of Consumer
Services and Rights Protection

Mail Code 2019
P.O. Box 12668
Austin, TX 78711-2668
1-800-252-8154

- What happens if my friend or family member is placed on a wait list for services?
 - If your friend or family member has Medicaid coverage, he or she may not be placed on a wait list to receive mental health care at the Center. If your friend or family member is not covered by Medicaid, he or she might be placed on a wait list.
 - At any time your friend or family member experiences a psychiatric crisis, he or she is eligible for immediate services. See “[What If My Friend of Family Member Is an Immediate Danger to Self or Others](#)” in this guide if you believe your friend or family member is experiencing a crisis.
 - If your friend or family member is placed on a wait list for services, a staff member from the Center will contact you at least every 30 days to check in on your friend’s or family member’s condition while waiting for services. Contact your Center if you believe his or her condition has worsened.
 - If your friend or family member remains on a wait list a full year before entering services, a staff member from the Center will contact you to schedule another full assessment to determine if his or her needs have changed.
- What if my friend or family member has specific kinds of needs that cannot be addressed at my LMHA?
 - If the assessment done by the Center shows that your friend or family member has special types of needs that cannot be addressed at the Center, your case manager or therapist will likely give you information about providers in the community with the qualifications, expertise, and resources to address those needs. If Center staff do not offer community provider referrals, just ask. They will be happy to help you identify resources.
- How do I know if my friend or family member is eligible for financial help?
 - All the Centers accept Medicaid. Ask if your Center offers assistance in accessing other state/federal assistance programs or if they can provide information about local offices for these programs.
- Community resource you may find helpful:
 - Dial “211”: This program is committed to helping Texans connect with the services they need. Whether by phone or internet, the goal is to present accurate, well-organized, and easy-to-find information from over 60,000 state and local health and human services programs.

APPENDICES

GLOSSARY

ASSESSMENT – a systematic process for measuring an individual's service needs.

BIPOLAR DISORDER– a mental illness characterized by periods of elevated mood and periods of depression.

CLINICIAN – a physician or other qualified person who is involved in the treatment and observation of living patients, as distinguished from one engaged in research.

CONFIDENTIAL – spoken, written, acted on, etc., in strict privacy or secrecy.

CO-OCCURRING PSYCHIATRIC AND SUBSTANCE ABUSE DISORDER (COPSD) – A diagnosis that includes both substance abuse and substance dependency problems, as well as psychiatric diagnoses

DETERIORATE – to become worse.

DIAGNOSIS – the process of determining by examination the nature and circumstances of a diseased condition, or the decision reached from such an examination.

DISCHARGE PLAN – a written plan that addresses the patient's current needs and goals, specifies the services to be provided and by whom. Among the areas that should be addressed in the discharge plan are: mental health services, case management, living arrangements, economic assistance, vocational training, transportation and medication.

EVIDENCE-BASED PRACTICE (EBP) – An interdisciplinary approach to clinical practice whose basic principles are that all practical decisions made should be based on research studies, and that these research studies are selected and interpreted according to some specific norms characteristic for EBP. Typically such norms disregard theoretical studies, anecdotal evidence, and qualitative studies and consider according to a narrow set of criteria of what counts as evidence.

INTAKE – a comprehensive assessment performed by a competent mental health professional or LPHA to identify the individual's behavioral health needs, which may include community-based as well as facility-based services.

INTERVENTION – any interference in the affairs of others.

LEVEL OF CARE (LOC) – A designation given to DSHS' standardized sets of mental health services, based on the uniform assessment and utilization management guidelines referenced in the Texas Administrative Code, Title 25, Part 1, §416.17 (relating to Guidelines), which specify the type, amount, and duration of MH rehabilitative services to be provided to an individual.

LOCAL MENTAL HEALTH AUTHORITY (LMHA) – An entity to which DSHS delegates its authority and responsibility within a specific region for the planning, policy development, coordination, resource development and allocation, and for supervising and ensuring the provision of mental health services to people with mental illness in one or more local service areas.

LICENSED PRACTITIONER OF THE HEALING ARTS (LPHA) – This term shall have the meaning set forth in the Texas Administrative Code, Title 25, Part 1, §412.303 (relating to Definitions).

MOTIVATIONAL INTERVIEWING – a collaborative, person-centered form of guiding to elicit and strengthen motivation for change. It is an empathic, supportive counseling style that supports the conditions for change. Practitioners are careful to avoid arguments and confrontation, which tend to increase a person's defensiveness and resistance.

PERSON-CENTERED RECOVERY PLANNING (PCRP) – A collaborative process between the individual, the treatment provider, and the individual's natural supports. The goal of this collaboration is develop and implement a plan of action to assist the individual in achieving his or her unique, individual goals along the journey to recovery.

POST-TRAUMATIC STRESS DISORDER (PTSD) – a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

PSYCHOSOCIAL – relates to one's psychological development in, and interaction with, a social environment.

PSYCHOACTIVE MEDICATION – a chemical substance that crosses the blood–brain barrier and acts primarily upon the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior.

PSYCHOEDUCATION – education offered to individuals with a mental health condition and their families to help empower them and deal with their condition in an optimal way.

PSYCHOTHERAPY – a therapeutic interaction or treatment contracted between a trained professional and a client, patient, family, couple, or group.

QUALIFIED MENTAL HEALTH PROFESSIONAL – Community Services (QMHP-CS) – A staff member who meets the definition of a QMHP-CS set forth in The Texas Administrative Code, Title 25, Part 1, §412.303 (relating to Definitions).

RECOVERY – a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

REHABILITATION – a treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible.

RELAPSE - the return of an illness or behavior after a period of improvement.

RESILIENCE – having the ability to overcome challenges and adapt to stressful or life-changing situations.

SCHIZOPHRENIA – a mental disorder often characterized by abnormal social behavior and failure to recognize what is real.

SCREENING – the initial contact between a clinician and potential client for the purpose of gathering demographic and other information, as necessary, to determine eligibility and need for services.

SERIOUS MENTAL ILLNESS (SMI) – In accordance with Health and Safety Code Section 533.0354, as amended by House Bill 3793, 83rd Texas Legislature, an adult may be considered to have a serious mental illness (SMI), and may receive mental health services, if he or she is experiencing significant functional impairment due to a mental health disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), including:

- major depressive disorder, including single episode or recurrent major depressive disorder;
- post-traumatic stress disorder;
- schizoaffective disorder, including bipolar and depressive types;
- obsessive compulsive disorder;
- anxiety disorder;
- attention deficit disorder;
- delusional disorder;
- bulimia nervosa, anorexia nervosa, or other eating disorders not otherwise specified; or
- any other diagnosed mental health disorder.

A single diagnosis of substance abuse, intellectual development disorder, development disorder (e.g., Autism), or other organic condition (e.g., head injury, dementia) does not meet the SMI standard.

SUPPLEMENTAL SECURITY DISABILITY INCOME (SSDI) – These programs are the largest of several Federal programs that provide assistance to people with disabilities. It is administered by the Social Security Administration and only individuals who have a disability and meet medical criteria may qualify for benefits under either program.

SUPPLEMENTAL SECURITY INCOME (SSI) – A Federal income supplement program funded by general tax revenues (not Social Security taxes). It is designed to help aged, blind, and disabled people who have little or no income. It also provides cash to meet basic needs for food, clothing, and shelter.

SYMPTOMOLOGY (also, symptomatology) – the set of symptoms characteristic of a medical condition or exhibited by a patient.

ABILITY-TO-PAY SCHEDULE

The Ability-to-Pay schedule can be found at: <http://www.dshs.state.tx.us/mhsa-rights/>. Scroll down to “Charges” and click on the most current “Monthly Ability to Pay Fee Schedule.”